

STAPLE

AREA

Best Available Copy

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POSITION	ID NO.	DATE
CLASSIFIER	501	1/30/97
EXAMINER	501	10/14/97
TYPIST	501	10/15/97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	2/4/99
2	2/4/99
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Claim	Date
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## SYMBOLS

✓ Rejected  
- Allowed  
(Through numbers) Canceled  
+ Restricted  
N Non-elected  
I Interference  
A Appeal  
O Objected

(LEFT INSIDE)